

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

June 2, 2009

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Pat's BBQ & Nero's Pizza, 1401 Superior Street requesting a class C liquor license.

Patrick Lund has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Patrick Lund was born in Omaha, Nebraska. He attended Benson High School graduating in 1990.

Patrick Lund employment history is as follows:

| | | |
|----------------|-----------------------------|--------------|
| 2006 - Present | Service, Performance Toyota | Lincoln, NE. |
| 2001 - 2006 | Service, Agees Automotive | Lincoln, NE. |

The required training will be completed on June 11th 2009.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

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MAY 07 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

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FEB 27 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

45 days = 6/25/09

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

| | | Application Fee |
|-------------------------------------|---|-----------------|
| <input type="checkbox"/> | A BEER, ON SALE ONLY | \$45.00 |
| <input type="checkbox"/> | B BEER, OFF SALE ONLY | \$45.00 |
| <input checked="" type="checkbox"/> | C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input type="checkbox"/> | D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/> | I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY | \$45.00 |
| <input type="checkbox"/> | Class K Catering license (requires catering application form) | \$100.00 |

MISCELLANEOUS

| | | Application Fee | Bond Required |
|--------------------------|---|-----------------------------|-----------------|
| <input type="checkbox"/> | L Craft Brewery (Brew Pub) | \$295.00 | \$1,000 minimum |
| <input type="checkbox"/> | O Boat | \$ 95.00 | none |
| <input type="checkbox"/> | V Manufacturer | | |
| | <input type="checkbox"/> Alcohol & Spirits | \$1,045.00 | \$1,000 minimum |
| | <input type="checkbox"/> Beer (excluding produced by a craft brewery) | \$145.00 1 to 100 barrel* | \$1,000 minimum |
| | <input type="checkbox"/> Beer (excluding produced by a craft brewery) | \$245.00 100 to 150 barrel* | \$1,000 minimum |
| | <input type="checkbox"/> Beer (excluding produced by a craft brewery) | \$395.00 150 to 200 barrel* | \$1,000 minimum |
| | <input type="checkbox"/> Beer (excluding produced by a craft brewery) | \$545.00 200 to 300 barrel* | \$1,000 minimum |
| | <input type="checkbox"/> Beer (excluding produced by a craft brewery) | \$695.00 300 to 400 barrel* | \$1,000 minimum |
| | <input type="checkbox"/> Beer (excluding produced by a craft brewery) | \$745.00 400 to 500 barrel* | \$1,000 minimum |
| <input type="checkbox"/> | W Wholesale Beer | \$545.00 | \$5,000 minimum |
| <input type="checkbox"/> | X Wholesale Liquor | \$795.00 | \$5,000 minimum |
| <input type="checkbox"/> | Y Farm Winery | \$295.00 | \$1,000 minimum |
| <input type="checkbox"/> | Z Micro Distillery | \$295.00 | \$1,000 minimum |

☐ Copy of TTB permit (if applying for L, V, W, X, Y or Z)

*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering license (K) expires same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)
☐ Partnership License (requires insert form 2)
☐ Corporate License (requires insert form 3a & 3c)
☒ Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Patrick J Lund, Jr Phone number: (402)525-9424

Firm Name Home Cookin' LLC

PREMISE INFORMATION

Trade Name (doing business as) Pat's BBQ & Nero's Pizza

Street Address #1 1401 Superior Street #7

Street Address #2 _____

City Lincoln

County Lancaster

Zip Code 68521

Premise Telephone number (402)476-0000

Is this location inside the city/village corporate limits:



YES



NEBRASKA LIQUOR
CONTROL COMMISSION

Mail address (where you want receipt of mail from the commission)

Name Home Cookin' LLC

Street Address #1 1827 Kennedy Drive

Street Address #2 _____

City Lincoln

State Nebraska

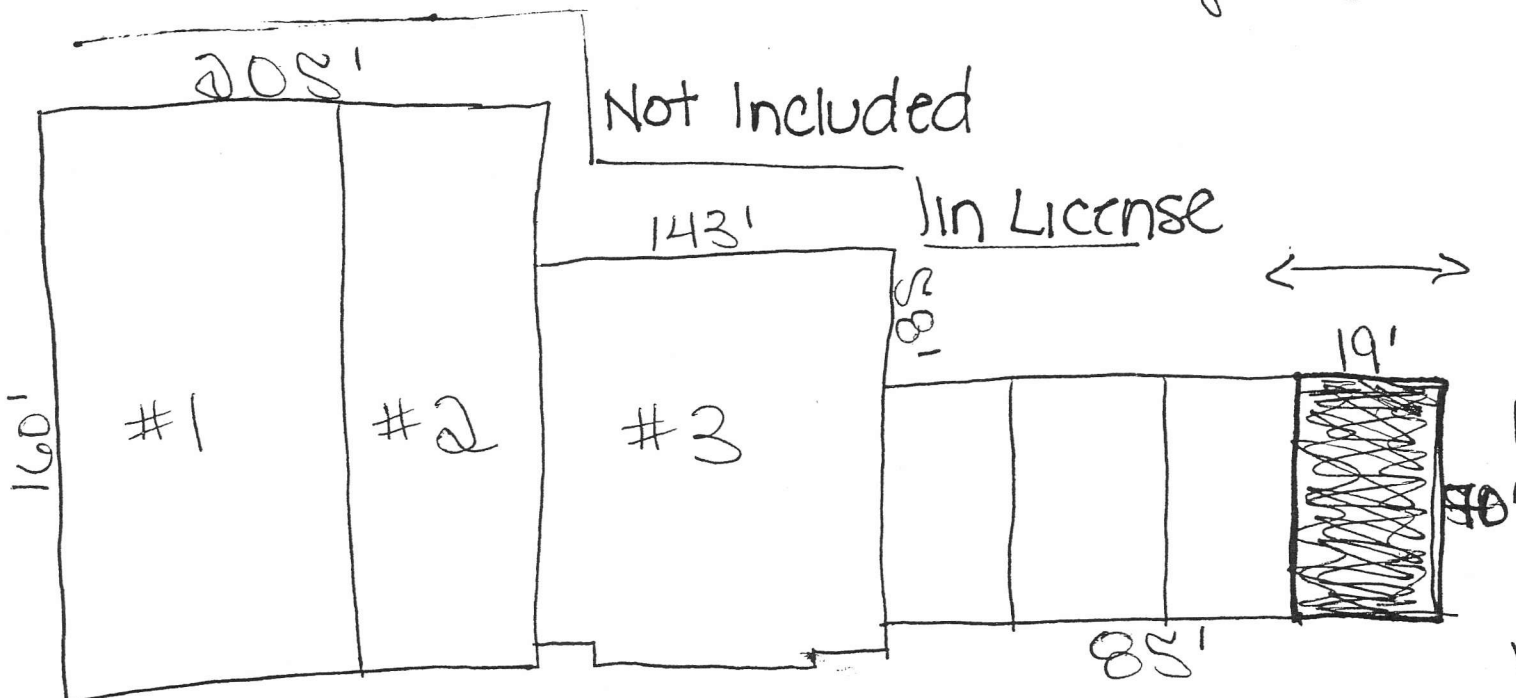
Zip Code 68521

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

One Story Bay 19' x 30' in Strip mall
652.32' X 395.1' (Building & Parking Lot)



APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.



YES



NO

If yes, please explain below or attach a separate page.

~~See Attached Sheets~~

*All in Lincoln, Ne.

Perry Pirsch = 2007 - No Running at Large

see example Patrick Lund = 2000 - No list Offens

court print outs are not accepted 2002 - No Pack Permit

2008 - Disturbin the Peace
2008 - No Motorcycl License

2. Are you buying the business and/or assets of a licensee?



YES



NO

If yes, give name of business and license number

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?



YES



NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?



YES



NO

If yes, list the lender

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?



YES



NO

If yes, explain. All involved persons must be disclosed on application.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?



YES



NO

If yes, list such items and the owner.

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?



YES



NO

If yes, explain.

No silent partners

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8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

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9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

NEBRASKA LIQUOR
CONTROL COMMISSION

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

US Bank - Patrick J Lund, Jr and Perry A Pirsch

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

Maximum Impact Inc (Christopher Holland); 1033 O Street Lincoln, NE; License # unknown; Business Closed

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

* Needs Training

| Name: | Date: | Where: |
|--------------------|--------------|------------------|
| Patrick J Lund, Jr | Approx. 1994 | Bartender at VFW |
| | | |
| | | |

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- ☒ Lease: expiration date September 30, 2009 w/option to renew
☐ Deed
☐ Purchase Agreement

must exercise option to renew
otherwise lease does not cover license year

14. When do you intend to open for business? Opened Sep 2008, operating w/out alcohol sales

15. What will be the main nature of business? BBQ & Pizza Restaurant

16. What are the anticipated hours of operation? Sun-Thur 11:00 am to 9:00 pm, Frid-Sat 11:00 am to 11:00 pm

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

| APPLICANT: CITY & STATE | YEAR | | SPOUSE: CITY & STATE | YEAR | |
|-------------------------------------|------|---------|---------------------------------|------|---------|
| | FROM | TO | | FROM | TO |
| Patrick J Lund, Jr - Lincoln, NE | 1998 | Present | Cori A Lund | 1998 | Present |
| Perry A Pirsch - Lincoln, NE | 1998 | 2000 | Perry A Pirsch - Alexandria, VA | 2000 | 2003 |
| Perry A Pirsch - Washington, DC | 2003 | 2004 | Perry A Pirsch - Lincoln, NE | 2004 | Present |
| Christopher K Holland - Lincoln, NE | 1998 | Present | | | |

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

Perry A. Purner
Signature of Applicant

N/A
Signature of Spouse

Latisha J. Purner
Signature of Applicant

Cori A. Lund
Signature of Spouse

[Signature]
Signature of Applicant

N/A
Signature of Spouse

[Signature]
Signature of Applicant

[Signature]
Signature of Spouse

[Signature]
Signature of Applicant

[Signature]
Signature of Spouse

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State of Nebraska

County of Lancaster

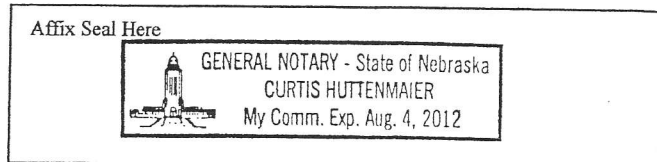
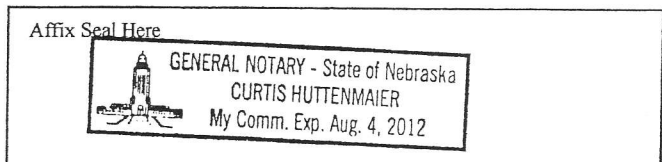
The foregoing instrument was acknowledged before me this 24th of Feb, 2009 by

[Signature]
Notary Public signature

County of Lancaster

The foregoing instrument was acknowledged before me this 24th of Feb, 2009 by

[Signature]
Notary Public signature



APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Perry A. Pirsch

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Home Cookin' LLC

LLC Address: 1827 Kennedy Drive

City: Lincoln State: Nebraska Zip Code: 68521

LLC Phone Number: (402)525-9423 Fax Number None

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: Lund, Jr First Name: Patrick MI: J

Home Address: 1827 Kennedy Drive City: Lincoln

State: Nebraska Zip Code: 68521 Home Phone Number: 402-261-8435

Patrick J. Lund, Jr.
Signature of Contact Member

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

24th of Feb, 2009
date

by Patrick J. Lund, Jr.
name of person acknowledged

[Signature]
Notary Public signature

Affix Seal Here



GENERAL NOTARY - State of Nebraska
CURTIS HUTTENMAIER
My Comm. Exp. Aug. 4, 2012

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Lund, Jr First Name: Patrick MI: J

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Cori A Lund

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Pirsch First Name: Perry MI: A

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Holland First Name: Christopher MI: K

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

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Is the applying Limited Liability Company controlled by another Corporation/Company?

☐ YES

☒ NO

If yes, provide the name of corporation/company and supply an organizational chart

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: January

Ending Date: December

Is this a Non Profit Corporation?

☐ YES

☒ NO

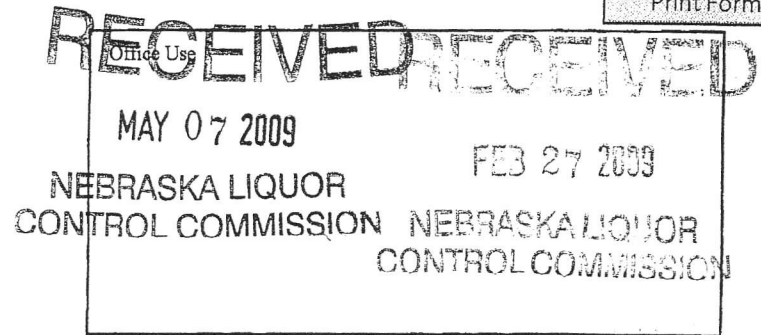
If yes, provide the Federal ID #.

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In compliance with the ADA, this limited liability company insert form 3b is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format

MANAGER APPLICATION INSERT - FORM 3c

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov



Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Home Cookin', LLC

Premise information

Premise License Number:
(if new application leave blank)

Premise Trade Name/DBA: Pat's BBQ and Nero's Pizza

Premise Street Address: 1401 Superior Street Suite 7

City: Lincoln Zip Code: 68521

Premise Phone Number: 402-476-0000

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

Pat's BBQ Managing member Home Cookin' LLC.

CORPORATE OFFICER SIGNATURE

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Lund, Jr First Name: Patrick MI: J

Home Address (include PO Box if applicable): 1827 Kennedy Drive

City: Lincoln State: NE Zip Code: 68521

Home Phone Number: 402-261-8435 Business Phone Number: 402-476-0000

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Omaha, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Lund First Name: Cori MI: A

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Omaha, NE

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

| CITY & STATE | YEAR FROM | TO | CITY & STATE | YEAR FROM | TO |
|--------------|--------------|---------|--------------|--------------|---------|
| Lincoln, NE | 1995 | Present | Lincoln, NE | 1992 | Present |
| | | | | | |
| | | | | | |
| | | | | | |

MANAGER'S LAST TWO EMPLOYERS

| YEAR FROM | TO | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE NUMBER |
|--------------|-------|--------------------|--------------------|------------------|
| 04/07 | 07/08 | Performance Toyota | Brad Lillie | 402-476-4000 |
| 01/07 | 04/07 | Cross Dillon Tire | Sam Snyder | 402-829-1000 |

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Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☒ YES

☐ NO

If yes, please explain below or attach a separate page.

Sheet Attached Denny Pirsch = Dog Running at Large - Lincoln, Ne
Pat Lund = 2000 - NO, 1st Offense - Lincoln, Ne
2002 - No Park Permit - Lancaster
2008 - Disturbing the Peace - Lincoln, Ne
2008 - No Motor Cycle License - Lincoln, Ne

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

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CONTROL COMMISSION

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

☒ YES

☐ NO

5. Do you have any experience in selling alcohol in the State of Nebraska?
If so list training and/or experience (when and where)

- Need Training

| Date: | Where: |
|-------|--------|
| | |
| | |
| | |

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PERSONAL OATH AND CONSENT OF INVESTIGATION

NEBRASKA LIQUOR
CONTROL COMMISSION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

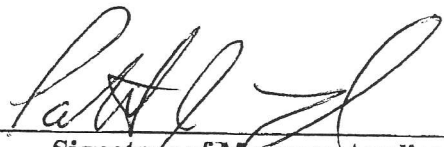
The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

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Signature of Manager Applicant



Signature of Spouse

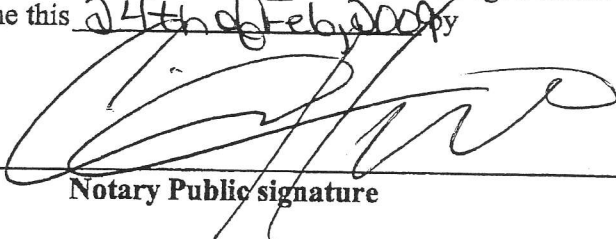
State of Nebraska

County of Lancaster

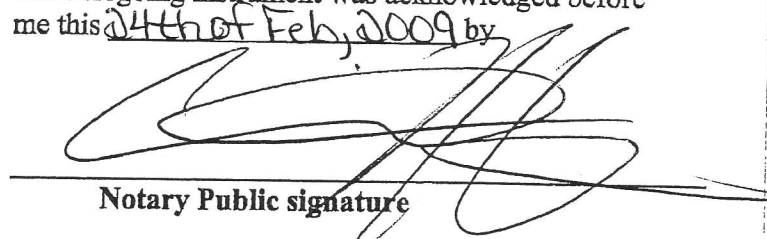
County of Lancaster

The foregoing instrument was acknowledged before me this 24th of Feb, 2009

The foregoing instrument was acknowledged before me this 24th of Feb, 2009 by

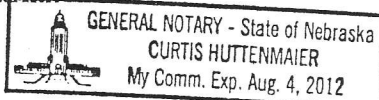


Notary Public signature

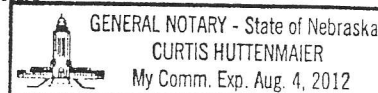


Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

STATE OF NEBRASKA -- DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

126 - 71 15505

| | | | | | |
|---|---------------------------|--|---|--|--|
| 1. NAME - FIRST MIDDLE LAST Patrick John Lund, Jr. | | | 2. SEX Male | 3. DATE OF BIRTH (Month, Day, Year) 3a. 3b. 11:16 P.M. | |
| 4. HOSPITAL - NAME (If not in hospital, give street and number) University of Nebraska Hosp | | 5. INSIDE CITY LIMITS (Specify Yes or No) 4b. Yes | 6. CITY, TOWN, OR LOCATION OF BIRTH 4c. Omaha | | 7. COUNTY OF BIRTH 4d. Douglas |
| 8. I certify that the stated information concerning this child is true to the best of my knowledge and belief (Signature) Raymond L. Schulte, M.D. | | | 9. DATE SIGNED (Month, Day, Year) 5b. September 1, 1971 | | 10. NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER 5c. |
| 11. CERTIFIER - NAME AND TITLE (Type or print) Raymond L. Schulte, M.D. | | | 12. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 5d. University of Nebraska Hospital | | |
| 13. REGISTRAR - SIGNATURE James F. Speers, M.D. | | | 14. DATE RECEIVED BY REGISTRAR 7b. MONTH DAY 1971 September 7, 1971 | | |
| 15. OTHER - MAIDEN NAME FIRST MIDDLE LAST Karen Lynn Bybee | | | 16. AGE (At time of this birth) 8b. 16 | 17. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 8c. Omaha, NE | |
| 18. RESIDENCE - STATE Nebraska | 19. COUNTY 9b. Douglas | 20. CITY, TOWN, OR LOCATION, (Include zip code) 9c. Omaha 68111 | 21. INSIDE CITY LIMITS (Specify Yes or No) 9d. Yes | 22. STREET AND NUMBER 9e. 4738 No. 38th | |
| 23. OTHER'S MAILING ADDRESS - Enter if not same as residence | | | | | |
| 24. OTHER - NAME FIRST MIDDLE LAST Patrick John Lund, Sr. | | | 25. AGE (At time of this birth) 11b. 20 | 26. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) 11c. Omaha, NE | |
| 27. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief (Signature of Parent or other Informant) Patrick John Lund, Sr. | | | 28. RELATION TO CHILD 12b. Father | | |

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE ABOVE TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

Ireda Theis

DIRECTOR OF VITAL STATISTICS AND ASSISTANT STATE REGISTRAR
LINCOLN, NEBRASKA Issued September 20, 1982

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MAY 07 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

OMAHA-DOUGLAS COUNTY HEALTH DEPARTMENT

Division of Vital Statistics

CERTIFICATE OF LIVE BIRTH

316818

| | | | | | | |
|---|--|--|-----------------------------------|--|---|---|
| CHILD—NAME | | FIRST | MIDDLE | LAST | DATE OF BIRTH (MONTH, DAY, YEAR) | HOUR |
| | | Cori | Ann | Geise | 2a | 7b 3:52 P.M. |
| SEX | | THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) | | IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) | COUNTY OF BIRTH | |
| Female | | 4c Single | | 4b | 5a Douglas | |
| CITY, TOWN, OR LOCATION OF BIRTH | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | | HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) | | |
| Omaha | | 5c Yes | | 5d Clarkson Hospital | | |
| MOTHER—MAIDEN NAME | | FIRST | MIDDLE | LAST | AGE (AT TIME OF THIS BIRTH) | STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) |
| | | Sally | Lou | Christensen | 6b 27 | 6c Nebraska |
| DANCE—STATE | | COUNTY | CITY, TOWN, OR LOCATION, zip code | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | STREET AND NUMBER |
| Nebraska | | 7b Douglas | 7c Omaha 68134 | | 7d Yes | 7e 9462 Bedford Avenue |
| FATHER—NAME | | FIRST | MIDDLE | LAST | AGE (AT TIME OF THIS BIRTH) | STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) |
| | | Gary | Leslie | Geise | 8b 28 | 8c Nebraska |
| GRANDFATHER—NAME OR SIGNATURE | | | | | RELATION TO CHILD | |
| Sally Lou Geise | | | | | 9b Mother | |
| CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE TO ABOVE. | | | | DATE SIGNED (MONTH, DAY, YEAR) | ATTENDANT—M.D., D.O., OTHER (SPECIFY) | |
| SIGNATURE <i>Walter T. Cotton</i> | | | | 10b | 10c M.D. | |
| SIGNER—NAME (TYPE OR PRINT) | | | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | |
| Walter T. Cotton, M.D. | | | | 10e Omaha, Nebraska | | |
| REGISTRAR—SIGNATURE <i>[Signature]</i> | | | | | DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) | |
| | | | | | 11b NOV 22 1984 | |

is certifies this document to be a true copy of an original record on file
th the Omaha-Douglas County Health Department, Vital Statistics Section.

te issued JUL 30 1984

Daniel J. Northing, M.P.H.

(Registrar)

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CONTROL COMMISSION

TYPE OR PRINT IN
PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

LOCAL FILE NUMBER

RHODE ISLAND DEPARTMENT OF HEALTH
CERTIFICATE OF LIVE BIRTH

138-73-006579

BIRTH NUMBER

CHILD

380321

03

MOTHER

380523

501

FATHER

26

CERTIFIER

| | | | | | | |
|---|---|-------------|--|--|---|---|
| CHILD—Name | | FIRST | MIDDLE | LAST | DATE OF BIRTH (MONTH, DAY, YEAR) | HOUR |
| 1 | | Christopher | Kenneth | Holland | 20 | 11:30 P.M. |
| SEX | THIS BIRTH— SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) | | IF NOT SINGLE BIRTH— BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) | | COUNTY OF BIRTH | |
| 3 | Male | 4a | Single | 4b | 5a | Newport |
| CITY, TOWN, OR LOCATION OF BIRTH | | | | HOSPITAL—Name (IF NOT IN HOSPITAL GIVE STREET AND NUMBER) | | |
| 5b | | | | 5c | | |
| Newport | | | | Naval Hospital | | |
| MOTHER—First Name | | MIDDLE | Maiden Name | AGE (AT TIME OF THIS BIRTH) | STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | |
| 6a | | Rita | Irene | Duhachek | 6b | 24 |
| 6c | | Nebraska | | | | |
| MAILING ADDRESS— STREET OR R.F.D. AND NUMBER (NOT P.O. NUMBER) | | | | CITY OR TOWN | STATE | ZIP CODE |
| 7a | | | | 7b | 7c | 7d |
| 13 Dawes Avenue, N. Kingstown, R. I. 02852 | | | | N. Kingstown, R. I. | Nebraska | 02852 |
| FATHER—Name | | FIRST | MIDDLE | LAST | AGE (AT TIME OF THIS BIRTH) | STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) |
| 8a | | Kenneth | Eugene | Holland, Jr. | 8b | 26 |
| 8c | | Nebraska | | | | |
| SIGNATURE OF MOTHER OR FATHER— I CERTIFY THAT THE DATA IN ITEMS 1 & 8 ARE CORRECT. | | | | RELATION TO CHILD | | |
| 9a | | | | 9b | | |
| Rita Irene Holland | | | | Mother | | |
| I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE. | | | | DATE SIGNED (MONTH, DAY, YEAR) | | ATTENDANT— M.D. D.O. MIDWIFE, OTHER (SPECIFY) |
| 10a | | | | 10b | | 10c |
| Signature | | | | July 17, 1973 | | M.D. |
| CERTIFIER—Name (TYPE OR PRINT) | | | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | |
| 10d | | | | 10e | | |
| M. SCHWARTZ, LCDR MC USN | | | | Naval Hospital, Newport, R.I. 02840 | | |
| REGISTRAR—Signature | | | | DATE RECEIVED BY LOCAL REGISTRAR | | |
| 11a | | | | 11b | | |
| Robert A. Shea | | | | July 27, 1973 | | |

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I HEREBY CERTIFY THAT THIS IS A TRUE COPY
OF THE RECORD AS RECORDED IN THE OFFICE
OF THE STATE REGISTRAR OF VITAL STATISTICS.

NOV 1 1973

Lara O'Hara

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

JUL 21 1994

LINCOLN, NEBRASKA

Stanley S. Cooper

STANLEY S. COOPER, DIRECTOR
BUREAU OF VITAL STATISTICS

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NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF NEBRASKA—DEPARTMENT OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH

128-

71 15633

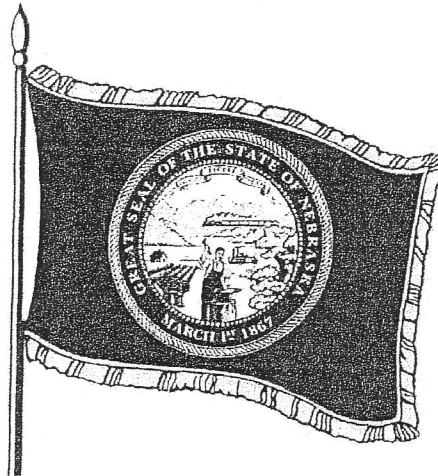
| | | | | | | | |
|---|--|---|---|--|--|--|--|
| CHILD—NAME FIRST MIDDLE LAST Perry Andrew Pirsch | | | DATE OF BIRTH (MONTH, DAY, YEAR) 20 | | BIRTH NUMBER 71 15633 | | |
| SEX Male | | THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 4a. Single | | IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 4c. | | COUNTY OF BIRTH 5a. Douglas | |
| CITY, TOWN, OR LOCATION OF BIRTH Omaha | | | INSIDE CITY LIMITS (SPECIFY YES OR NO) 5c. Yes | | HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 5d. Clarkson Hospital | | |
| OTHER—MAIDEN NAME FIRST MIDDLE LAST Carol Louise McBride | | | AGE (AT TIME OF THIS BIRTH) 6a. 34 | | STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 6c. Nebraska | | |
| RESIDENCE—STATE Nebraska | | COUNTY 7a. Douglas | | CITY, TOWN, OR LOCATION, zip code 7c. Omaha 68134 | | INSIDE CITY LIMITS (SPECIFY YES OR NO) 7d. Yes | |
| FATHER—NAME FIRST MIDDLE LAST Ira Allen Pirsch | | | AGE (AT TIME OF THIS BIRTH) 8a. 38 | | STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8c. Nebraska | | |
| INFORMANT—NAME OR SIGNATURE Mrs. Carol Pirsch | | | | | RELATION TO CHILD 9a. Mother | | |
| CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE. 10a. SIGNATURE <i>Donald Prescher</i> | | | DATE SIGNED (MONTH, DAY, YEAR) 10b. | | ATTENDANT—M.D., D.O., OTHER (SPECIFY) 10c. M.D. | | |
| CERTIFIER—NAME (TYPE OR PRINT) Donald Prescher, M.D. | | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 10d. Omaha, Nebraska | | | | |
| REGISTRAR—SIGNATURE <i>James H. [Signature]</i> | | | | | DATE RECEIVED BY LOCAL REGISTRAR 11a. SEP 2 1971 11b. YEAR | | |

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STATE OF



NEBRASKA
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NEBRASKA LIQUOR
CONTROL COMMISSION

United States of America, } ss.
State of Nebraska

Department of State
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

the attached is a true and correct copy of the Articles of Organization
of

HOME COOKIN', LLC

with its registered office located in LINCOLN, Nebraska, as filed in
this office on July 29, 2008.

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on July 29, 2008.



John A. Gale
SECRETARY OF STATE

This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's
financial condition or business activities and practices.

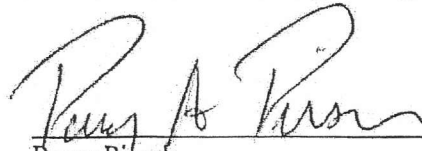
ARTICLES OF ORGANIZATION HOME COOKIN', LLC

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- I. The Name of Limited Liability shall be: Home Cookin', LLC.
- II. The Purpose of Limited Liability Company shall be to operate restaurants, catering, and food service in Nebraska and any other lawful business.
- III. The period of duration is perpetual.
- IV. The principal place of business of the LLC shall be 462 West Lakeshore Drive, Lincoln, NE 68528, or such other place as the Members shall designate.
- V. The Registered Agent of the Corporation, who is a resident of Nebraska, shall be Perry Pirsch. The address of the Registered Agent shall be 462 West Lakeshore Drive, Lincoln, NE 68528.
- VI. The total amount of cash to stated capital shall be \$50,000. No further additional capital contributions shall be required, unless otherwise agreed under the terms and conditions of the Operating Agreement.
- VII. The name of the original managing members shall be Patrick Lund, of 1827 Kennedy Drive, Lincoln, NE 68521, and Perry Pirsch, of 462 West Lakeshore Drive, Lincoln, NE 68528.
- VIII. The right of the members to admit additional members and the terms and conditions of the admission shall be as stated in the Operating Agreement.



Perry Pirsch
Organizer and Managing Member
Home Cookin', LLC

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STATE OF NEBRASKA ♦ SECRETARY OF STATE'S OFFICE
1445 "K" STREET • STATE CAPITOL SUITE 1301 • LINCOLN, NE • 68509
BUSINESS SERVICES DIVISION

CORPORATIONS

P.O. BOX 94608
(402) 471-4079
FAX: 471-3666

JOHN A. GALE
Secretary of State

UNIFORM COMMERCIAL CODE

P.O. BOX 95104
(402) 471-4080
FAX: 471-4429

www.sos.state.ne.us

NOTARY

P.O. BOX 95104
(402) 471-2558
FAX: 471-4429

JUDY JOBMAN
Deputy Secretary of State

PERRY A. PIRSCH
OMAHA, NE

July 29, 2008

ACKNOWLEDGEMENT OF FILING

The document(s) listed below were filed with the Nebraska Secretary of State's Office, Corporation Division. A label has been affixed to each filing signifying the filing stamp for the Nebraska Secretary of State's Office, Corporation Division. This filing label indicates the date and time of the filing and also references a document number that can be used to reference this filing in the future.

ACKNOWLEDGEMENT OF FILING FEES RECEIVED

| Action/Service | Company/Entity Name | Fee Received |
|---------------------|---------------------|--------------|
| Articles Limited | HOME COOKIN', LLC | 100.00 |
| Per Page Charge | HOME COOKIN', LLC | 5.00 |
| Certificate | HOME COOKIN', LLC | 10.00 |
| Total Fees Received | | \$115.00 |

Adam Pedersen
Filing Officer

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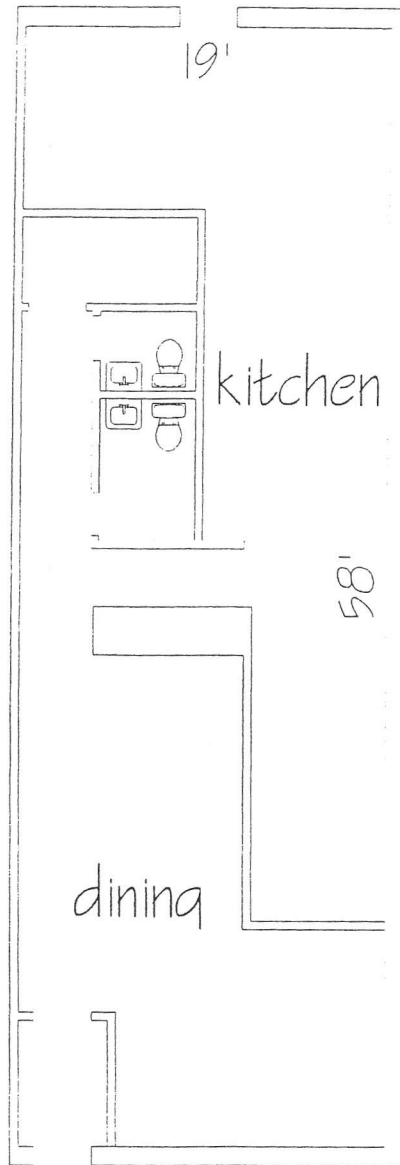
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NORTHTRIDGE SHOPPING CENTER

14th & SUPERIOR

NEBRASKA LIQUOR
CONTROL COMMISSION

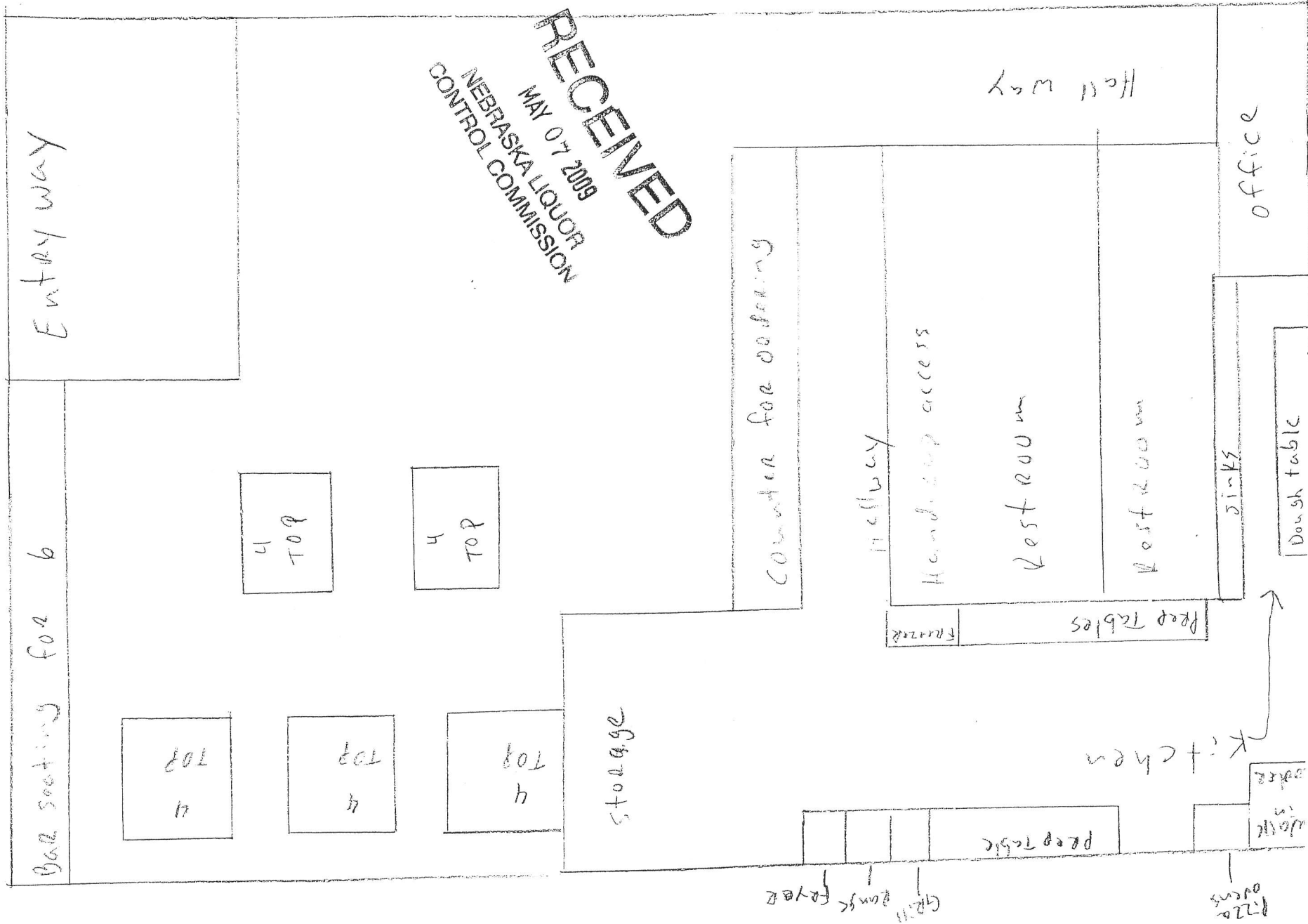
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SUITE-6 1,200 sq. ft.

ENTERPRISE COMPANY INC. 465-4600





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